

AccuReview

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[Date notice sent to all parties]: November 17, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee scope with partial medial and lateral meniscectomies, CPT Code 29880

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Orthopaedic Surgery with over 14 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx while participating in X. The claimant described the ongoing right knee pain that was a sharp and stabbing type pain in the medial side.

:MRI LW JNT W/O Cont RT. Impression: Increased signal seen along the insertion of the ACL on the tibia may relate to degenerative changes or partial tear. Complex medial medical tear. Lateral meniscal tear. Lest anterior parameniscal cyst measuring 1 x 3 cm versus ganglionic cyst. Prepatellar bursitis. Small joint effusion. Prominent cataophyte projecting posteriorly from the medial tibial plateau abutting the PCL.

Office Visit. CC: deep and throbbing pain in the right knee that occurs constantly. PE: Palpation: Tenderness: right knee medial joint line. ROM: right knee normal painful AROM. Positive McMurray Medial. Impression: Right Tear Med Menisc Knee-Cur, Right Chronic ACL tear, Right LOC osteoarth NOS-L/Leg. Plan: Explained that about 90% of meniscal tears will not heal because of the blood supply and the tear pattern. Explained that there is some arthritis in the area of a meniscal tear, treating her tear might lead to increased arthritic symptoms. Claimant requested arthroscopy.

Early Compensability Assessment. Assessment and Diagnosis of the sequelae to the reported mechanism of injury: Capsular strain, right knee 844.8 (projected length of disability 1-21 days). Issues unrelated to the compensable event: degenerative joint disease, right knee (eburnation); osteophyte formation, right knee; retropatellar osteophyteptosis, right knee; chondromalacia, right knee; meniscal pathology (medial/lateral); anterior cruciate ligament pathology; Baker's cyst; and pre-patellar cyst. In summary, the claimant had complaints of right knee pain. Based on what has

been presented (specifically the reported mechanism of injury, the initial clinical evaluation, and the multiple degenerative changes noted on MRI), it would appear that the injury was limited to a strain of the peri-articular capsule of the right knee. The issues listed above are not functions of this injury, and appropriate steps should be taken to establish the exact extent of injury. While understanding that there is both a medial meniscal tear and a lateral meniscal tear, there is no acute injury, and the MRI did not identify any significant joint effusion. Had this event been causative of this pathology, there be a local reaction to include a significant joint effusion. Furthermore, with the history of two prior knee arthroscopies to address meniscal lesions, these findings appear to be a function of the previous interventions. The only diagnosis that should be supported is as listed above. There is no competent, objective, and independently confirmable medical evidence presented to suggest that the listed unrelated items noted above are a function of the reported mechanism of injury. Furthermore, the clinical records presented do not explain how this specific compensable event enhanced, worsened, or accelerated the pre-existing pathology noted.

UR. The request for a right knee scope with a partial medial and lateral meniscectomies is non-certified. The documentation indicates the claimant complaining of right knee pain. A meniscectomies indicated provided that the claimant meets specific criteria including completion of all conservative treatments. There is an indication the claimant had been instructed to initiate physical therapy, however, it's unclear if the claimant has undergone any therapeutic interventions. Additionally, insufficient information was submitted confirming any objective clinical findings to include a positive McMurray's, range of motion limitations or any findings consistent with locking, clicking or popping or any identified crepitus. Given these factors, the request is not indicated as medically necessary.

Physical Therapy Evaluation/POC. CC: right knee pain. Palpation: increased pain anterior right knee. Special tests: increased pain with any movement.

Designated Doctor Evaluation: PE: Knee Exam: deep tendon tests: Achilles 2/4 bilaterally, patellar: 2/4 bilaterally. Right Knee: swelling of the medial and lateral meniscus area, ilio tibial band. Positive for malderangement of the knee. Positive for cruciate ligaments test. Positive for meniscal lesion. McMurray's Test positive for both lateral and medial meniscus. Comments: Claimant could not do muscle testing due to pain. The previous tests aggravates the knee. Claimant made an unsolicited comment about that this was the first time a doctor "actually laid hands on him" during the physical exam of his knee. DX: Capsular strain, right knee, Right knee Medial meniscus tear, Right chronic ACL tear. The MRI results did reflect some joint swelling, but 3 weeks after the DOI might not have captured some of the acute swelling. The details of the radiology report indicate that the ACL changes could be related to degeneration or atear. The meniscus tears have been remarked on without reference to chronic deterioration. The previous knee surgeries, long in the past, would have helped to clean up the knee meniscus and helped decrease the cumulative deterioration of the knee. The extent of the injury does not include: degenerative joint disease right knee, osteophyte formation, right knee, retropatellar ophyteptosis, right knee, chondromalacia, right knee, Baker's cyst, and Pre-patellar cyst. These are descriptions of diseases of chronic changes to the knee and do not have any acute manifestation of symptoms related to the injury. The medial and lateral meniscus tear injury is the result of exercise accident arising out of the course of employment. The ACL ligament tear deterioration has been aggravated by this injury. It is for the above information; the extent of injury does include medial and lateral meniscus tears and ACL ligament aggravation.

Notice of Disputed Issues and Referral to Pay Benefits. We are disputing the extent of your compensable injury. Does not extend to include the following diagnosis: degenerative joint disease of the right knee, osteophyte formation of the right knee, retropatellar osteophyteptosis of the right knee, chondromalacia of the right knee, bakers cyst of the right knee and pre=patellar cyst. These are pre-existing conditions. The self insured limits the compensable injury to a strain and meniscal pathology (medial & lateral) of the right knee only.

UR. Reason for denial: Based on review of the clinical records, the proposed right knee arthroscopy to include partial medial and lateral meniscectomy would not be supported as medically necessary. To date there has been no documentation regarding conservative treatment to include physical therapy or the use of anti-inflammatories. The claimant was recommended for physical therapy but this was never performed. Although meniscal repairs in younger claimants is supported by current literature, for older claimants guidelines recommend conservative modalities such as physical therapy and medication use before considering surgical intervention. As there is no documentation regarding failure of non-operative treatment per the documentation submitted, the requested surgical intervention would not

be supported by guidelines. Furthermore the MRI findings noted a small articular surface tear of the lateral meniscus and the claimant had no provocative findings regarding a symptomatic lateral meniscus tear on physical examination. Given the above noted issues, this reviewer would not recommend certification for the request.

: Office Visit. CC: knee. Exam: mild swelling, ACL ligament appears unstable, no numbness. Impression: Right complex tear of medial meniscus, current injury, right knee, subsequent encounter, Right LOC osteoarth NOS-L/Leg, Right chronic ACL tear, and Right tear med menisci knee-Cur. Plan: Knee: right knee MMT and chronic ACL rear shown by MRI, will proceed with surgery, RX norco 10/325, F/U post op.

UR. Reason for denial: The request is for a right knee arthroscopy, partial medial and lateral meniscectomies. For this procedure to be considered reasonable there should be documented pathology on MRI, corresponding with clinical exam, with functional deficits on exam. There should also be documented conservative care. For this individual, the MRI does reveal a small tear at the anterior horn of the lateral meniscus, as well as a complex tear involving the body and posterior horn of the medial meniscus. He apparently has not received significant amounts of conservative care as he was told not to proceed with physical therapy. He has joint line tenderness and he has a positive medial McMurray's. His knee is not locked or clogged and therefore guidelines recommend conservative care prior to undergoing surgery. Therefore, lacking documentation of previous attempts at conservative care, the recommendation is for non-certification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld and agreed upon. The request for right knee arthroscopy with partial meniscectomies is denied. MRI demonstrates a complex tear of the medial meniscus as well as a small tear of the lateral meniscus. There may have a cyst associated with the lateral meniscal tear. The records reviewed do not indicate the patient's functional deficits related to these MRI findings. The claimant has not completed any conservative care for his knee injury. He should complete a course of physical therapy, bracing, NSAIDs and cortisone injection prior to surgical consideration. The record does not document failure of non-operative treatment. The claimant is not a surgical candidate at the present time. Therefore, after reviewing the medical records and documentation provided, the request for Right knee scope with partial medial and lateral meniscectomies, CPT Code 29880 is denied.

Per ODG:

Diagnostic arthroscopy	<p><u>ODG Indications for Surgery™ -- Diagnostic arthroscopy:</u></p> <p>Criteria for diagnostic arthroscopy:</p> <p>1. Conservative Care: Medications. OR Physical therapy. PLUS</p> <p>2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS</p> <p>3. Imaging Clinical Findings: Imaging is inconclusive.</p> <p>(Washington, 2003) (Lee, 2004)</p> <p>For average hospital LOS if criteria are met, see Hospital length of stay (LOS).</p>
Meniscectomy	<p><u>Risk versus benefit:</u> The advantage of most surgery to treat meniscus tears appears to be limited to short term relief of pain and mechanical catching, but not prevention of eventual osteoarthritis. Due to loss of meniscal cushioning following acute traumatic tears with or without additional removal of meniscal tissue (partial meniscectomy), OA progression simply becomes inevitable. Primary surgical repair of meniscus tears when feasible offers the best hope of joint preservation, but is associated with the risks of slower recovery and a relatively high re-tear rate often requiring additional surgery. The benefit of surgery for atraumatic tears or in the presence of significant OA drops off dramatically and may even be harmful, further accelerating OA progression. The ideal patients for meniscus surgery are younger, with smaller</p>

or repairable traumatic tears associated with mechanical symptoms, and no associated OA. Due to the unsolved issue of OA progression despite surgery, many indications for surgery in the past are now being questioned.

ODG Indications for Surgery™ -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS

2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS

4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). ([Washington, 2003](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)